

**CAMPAIGN - APPLICATION TO OBTAIN LOGON PASSWORD
AND
AUTHORIZATION OF VENDOR OR SERVICE PROVIDER**

I, the undersigned, am on record with the Secretary of State as:

(check one)

- ☐ Treasurer ☐ Assistant Treasurer ☐ Candidate ☐ Controlling Officeholder
☐ State Measure Proponent ☐ Individual Donor ☐ Responsible Officer

(print full name of committee*)

(committee ID# if known)

(Address)

(City)

(State)

(Zip)

and am entitled to file campaign disclosure reports on behalf of the above committee.
In order to file my required statements electronically, I hereby apply for issuance of an
electronic filing password and user identification number.

Furthermore, I intend for my vendor or service provider to submit my reports
electronically on my behalf. I hereby authorize

(Not applicable for issue
advocacy filers. Please use
specific form available on this
web site.)

(insert full name of vendor/provider)

to obtain my electronic filing password and identification number in order to timely file my
campaign statements.

Subscribed and sworn on _____
(date)

(signature)

(print name of signer)

(phone number)

(fax number)

* This form may also be used by major donors. Insert the name of the major donor
in the committee name section, and leave the identification number field blank. The
Secretary of State will assign a number to you for your use in filing electronically.

**Any filing made on behalf of a filer by a vendor or service provider authorized by the
filer to make such filings is presumed filed under penalty of perjury by the filer.**

PLEASE FAX THIS APPLICATION to (916) 653-5045